

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7371

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada Mo</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		1082	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>327 N. Clay</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>Webster</u>		c. (Last) <u>Carr</u>	
4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>27</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 6 1870</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>4</u>		11. YEAR <u>4</u>		12. IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Caldwell Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John M. Carr</u>		13b. MOTHER'S MAIDEN NAME <u>Georgeann Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Missouri B. Carr</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		(If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. S. Carr</u> ADDRESS <u>Nevada Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>?</u> <u>331X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 19</u> , 1950, to <u>Feb 27</u> , 1950, that I last saw the deceased alive on <u>Feb 27</u> , 1950, and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. S. Carr</u> (Degree or title)				23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>3-1-50</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>buried</u>		24b. DATE <u>March 1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Rathbone H. Jancus</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Jancus</u>		ADDRESS <u>Nevada Missouri</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 4 1950

MAY 1 9 1950

RECEIVED

District Health Officer No. 7;

District File Number 2-50-207

Date Filled 3-14-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

R. B. Ferris

Licensed Embalmer No. 1760

P. O. Address Nevada 710

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.